

Review of *Psychiatric Medications for Older Adults: The Concise Guide*, by Carl Salzman. New York: Guilford, 2001.

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When I first opened the package to examine my assigned reading, I heard a sign in my voice: "Not another drug book!" I thought. I was expecting *Psychiatric Medications for Older Adults: The Concise Guide* to be excessively dry, difficult, and primarily written for physicians. My experience proves once again, one cannot judge a book by its cover. This book is *not* dry or difficult, and it is not primarily written for physicians. As a gerontologist, I have read numerous books on drugs and drug interactions for elderly patients, all of which were thoughtfully written and had salient points. However, if you asked me to provide you with a list of titles, I could not because I gave them away (to a nurse colleague). None of them seemed relevant to my work with elderly patients. However, I'll keep Salzman's book.

Two critical points can be made about this important volume. First, it is well written. Salzman succeeded in what can best be described as a Herculean task. He has a rare talent to captivate his readers. Please realize that *Psychiatric Medications for Older Adults* is an academic book, and as such, is not suppose to be a "page turner." But it is. The book provides useful information for physicians, yet it is written in a manner that non-physicians will appreciate. In fact, I would say that anyone who has a college level ability would find Salzman's book beneficial. It is absolutely amazing to find an author who can effectively write for such a wide audience.

Second, it is relevant to gerontologists who are NOT physicians or nurses. After reading this book, I can more clearly understand issues that physicians must address and can comprehend how medication mistakes are made. The book is an excellent tool that can be employed by interdisciplinary team members to help medical staff monitor the positive and negative effects of psychiatric medications. The case illustrations provide a powerful springboard for non-medical staff to meaningfully assist in the decision-making process.

One very disturbing theme within the pages of this book forced massive deliberations in my mind. Errors related to dosage and type of psychiatric medications can cause serious problems for elderly patients. These side effects are difficult to diagnose because they can easily be mistaken for normal end-of-life events. Some of the case illustrations demonstrate that a family member or a

significant other assertively advocated for the elderly patient. As it turned out, the advocate's insight proved to significantly assist the decision-making process. In some cases, a change in medication can be a life or death decision. Herein lies a disturbing question: What happens to patients who do not have family members to advocate for them?

We already know the answer. Their medication problem goes undetected and they suffer in the final stage of their lives. Salzman provides the strongest argument for requiring nursing homes and hospitals to have professional advocates knowledgeable about gerontology. It is disturbing to know that our Congress is considering regulations that will soften current requirements.

Psychiatric Medications for Older Adults is an excellent book. I could find only one minor weakness. Salzman could have included a glossary of medical terms. Such a glossary would have benefited family members and non-medical staff. Nevertheless, I strongly recommend this book to be adopted by public, academic and hospital libraries. Both professionals and family members of an elderly patient should read it. I will keep it in my personal library.

Stephen M. Marson, Ph.D., ACBSW
University of North Carolina at Pembroke